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## VALEDICTORY ADDRESS.

(Delivered March 10th, 1858, to the Medical Graduates of Harvard University, and communicated to the Boston Medical and Surgical Journal.

BY OLIVER WENDELL HOLMES, M.D.

GENTLEMEN OF THE GRADUATING CLASS,—It is my grateful duty to address you a few words in the name of the Medical Faculty, under the auspices of which you have just entered the Medical Profession. In their name I welcome you to the labors, the obligations, the honors and the rewards which, if you are faithful, you may look for in your chosen calling. In their name I offer you the hand of fellowship, and call you henceforth brothers. These elder brethren of the same great family repeat to you the words of welcome. The wide community of practitioners receives you in full communion from this moment. You are enrolled hereafter on that long list of the Healers of men, which stretches back unbroken to the days of Heroes and Demigods, until its earliest traditions blend with the story of the brightest of the ancient Divinities.

Once *Medicinæ Doctor*, always *Doctor Medicinæ*. You can unfrock a clergyman and unwed a husband, but you can never put off the title you have just won. Trusting that you will always cling to it, as it will cling to you, I shall venture to offer a few hints which you may find of use in your professional career.

The first counsel I would offer is this: Form a distinct PLAN for life, including duties to fulfil, virtues to practise, powers to develop, knowledge to attain, graces to acquire. Circumstances may change your plan, experience may show that it requires modification, but start with it as complete as if the performance were sure to be the exact copy of the programme. If you reject this first piece of advice, I am afraid nothing else I can say will be of service. Some weakness of mind or of moral purpose can alone account for your trusting to impulse and circumstances. Nothing else goes on well without a plan; neither a game of chess, nor a campaign, nor a manufacturing or commercial enterprise, and do you think that you can play this game of life, that you can fight this desperate battle, that you can organize this mighty enterprise, without

sitting down to count the cost and fix the principles of action by which you are to be governed?

It is not likely that any of you will deliberately lay down a course of action pointing to a low end, to be reached by ignoble means. But keep a few noble models before you. For faithful life-long study of science you will find no better example than John Hunter, never satisfied until he had the pericardium of Nature open and her heart throbbing naked in his hand. For calm, large, illuminated, philosophical intellect, hallowed by every exalted trait of character, you will look in vain for a more perfect pattern than Haller. But ask your seniors who is their living model, and if they all give you the same name, then ask them why he is thus honored, and their answers will go far toward furnishing the outline of that course I would hope you may lay down and follow.

Let us look, in the very brief space at our disposal, at some of those larger and lesser rules which might be supposed to enter as elements into the plan of a physician's life.

DUTY draws the great circle which includes all else within it. Of your responsibility to the Head Physician of this vast planetary ambulance, or travelling hospital which we call Earth, I need say little. We reach the Creator chiefly through his creatures. Whoso gave the cup of cold water to the disciple gave it to the Master; whoso received that Master received the Infinite Father who sent him. If performed in the right spirit, there is no higher worship than the unpurchased service of the medical priesthood. The sick man's faltered blessing reaches heaven through the battered roof of his hovel before the *Te Deum* that reverberates in vast cathedrals.

Your duty as physicians involves the practice of every virtue and the shunning of every vice. But there are certain virtues and graces of preëminent necessity to the physician, and certain vices and minor faults against which he must be particularly guarded.

And first, of *truth*. Lying is the great temptation to which physicians are exposed. Clergymen are expected to tell such portions of truth as they think will be useful. Their danger is the *suppressio veri*, rather than direct falsehood. Lawyers stand in professional and technical relations to veracity. Thus, the clerk swears a witness to tell the truth, the whole truth and nothing but the truth. The lawyer is expected to get out of the witness not exactly the truth, but a portion of the truth, and nothing but the truth—which suits him. The fact that there are two lawyers pulling at the witness in different directions, makes it little better; the horses pulled different ways in that horrid old punishment of tearing men to pieces; so much the worse for the man. But this is an understood thing, and we do not hesitate to believe a lawyer—outside of the court-room.

The physician, however, is not provided with a special license to say the thing which is not. He is expected to know the truth,

and to be ready to tell it. Yet nothing is harder than for him always to do it. Whenever he makes an unnecessary visit, he tells a lie. Whenever he writes an unnecessary prescription, he tells a lie. It is audibly whispered that some of the "general practitioners," as they are called in England, who make their profit on the medicines they dispense, are apt to be too fond of giving those which can be charged at a pleasing figure in their accounts. It would be better if the patient were allowed a certain discount from his bill for every dose he took, just as children are compensated by their parents for swallowing hideous medicinal mixtures.

All false pretences whatsoever, acted or spoken; all superficial diagnoses, where the practitioner does not know that he knows, or, still worse, knows that he does not know; all unwarranted prognoses and promises of cure; all claiming for treatment that which may have been owing to Nature only; all shallow excuses for the results of bad practice, are lies and nothing else.

There is one safe rule which I will venture to lay down for your guide in every professional act, involving the immediate relation with the object of your care; so plain that it may be sneered at as a truism, but so difficult to follow that he who has never broken it deserves canonizing better than many saints in the calendar: *A physician's first duty is to his patient; his second only, to himself.*

All quackery reverses this principle as its fundamental axiom. Every practitioner who reverses it is a quack. A man who follows it may be ignorant, but his ignorance will sometimes be safer than a selfish man's knowledge.

You will find that this principle will not only keep you in the great highway of truth, but that if it is ever a question whether you must leave that broad path, it will serve you as a guide. A lie is a deadly poison. You have no right to give it in large or small doses, for any selfish purpose connected with your profession, any more than for other selfish objects. But as you administer arsenic or strychnia in certain cases, without blame; nay, as it may be your duty to give them to a patient; are there not also cases in which the moral poison of deceit is rightly employed for a patient's welfare? So many noble-hearted and conscientious persons have scruples about any infraction of the absolute rule of truth, that I am willing briefly to discuss and illustrate a question which will often be presented to you hereafter.

Truth in the abstract is perhaps made too much of as compared to certain other laws established by as high authority. If the Creator made the tree-toad so like the moss-covered bark to which it clings, and the larva of a *sphinx* so like the elm-leaf on which it lives, and that other larva so exquisitely like a broken twig, not only in color, but in the angle at which it stands from the branch to which it holds, with the obvious end of deceiving their natural enemies, are not these examples which man may follow? The Tibboo, when he sees his enemy in the distance, shrinks into a motionless heap, trust-

ing that he may be taken for a lump of black basalt, such as is frequently met with in his native desert. The Australian, following the same instinct, crouches in such form that he may be taken for one of the burnt stumps common in his forest region. Are they not right in deceiving, or lying, to save their lives? or would a Christian missionary forbid their saving them by such a trick? If an English lady were chased by a gang of murdering and worse than murdering Sepoys, would she not have a right to cheat their pursuit by covering herself with leaves, so as to be taken for a heap of them? If you were starving on a wreck, would you die of hunger rather than cheat a fish out of the water by an artificial bait? If a school-house were on fire, would you get the children quietly down stairs under any convenient pretence, or tell them the precise truth and so have a rush and a score or two of them crushed to death in five minutes?

These extreme cases test the question of the absolute inviolability of truth. It seems to me that no one virtue can be allowed to exclude all others, with which in this mortal state it may sometimes stand in opposition. Absolute justice must be tempered by mercy; absolute truth by the law of self-preservation, by the harmless deceptions of courtesy, by the excursions of the imaginative faculty, by the exigencies of human frailty, which cannot always bear the truth in health, still more in disease.

Truth is the breath of life to human society. It is the food of the immortal spirit. Yet a single word of it may kill a man as suddenly as a drop of prussic acid. An old gentleman was sitting at table when the news that Napoleon had returned from Elba was told him. He started up, repeated a line from a French play, which may be thus Englished—

*The fatal secret is at length revealed,*

and fell senseless in apoplexy. You remember the story of the old man who expired on hearing that his sons were crowned at the Olympic games. A worthy inhabitant of a village in New Hampshire fell dead on hearing that he was chosen town clerk.

I think the physician may, in extreme cases, deal with truth as he does with food, for the sake of his patient's welfare or existence. He may partly or wholly withhold it, or, under certain circumstances, medicate it with the deadly poison of honest fraud. He must often look the cheerfulness he cannot feel, and encourage the hope he cannot confidently share. He must sometimes conceal and sometimes disguise a truth which it would be perilous or fatal to speak out.

I will tell you two stories to fix these remarks in your memory. When I was a boy, a grim old Doctor in a neighboring town was struck down and crushed by a loaded sledge. He got up, staggered a few paces, fell and died. He had been in attendance upon



an ancient lady, a connection of my own, who at that moment was lying in a most critical position. The news of the accident reached her, but not its fatal character. Presently the minister of the parish came in, and a brief conversation like this followed.—Is the Doctor badly hurt?—Yes, badly.—Does he suffer much?—He does not; he is easy.—And so the old gentlewoman blessed God and went off to sleep; to learn the whole story at a fitter and safer moment. I know the minister was a man of truth, and I think he showed himself in this instance a man of wisdom.

Of the great caution with which truth must often be handled, I cannot give you a better illustration than the following from my own experience. A young man, accompanied by his young wife, came from a distant place, and sent for me to see him at his hotel. He wanted his chest examined, he told me.—Did he wish to be informed of what I might discover?—He did.—I made the *ante-mortem* autopsy desired. Tubercles; cavities; disease in full blast; death waiting at the door. I did not say this, of course, but waited for his question.—Are there any tubercles? he asked presently.—Yes, there are.—There was silence for a brief space, and then, like Esau, he lifted up his voice and wept; he cried with a great and exceeding bitter cry, and then the twain, husband and wife, with loud ululation and passionate wringing of hands, shrieked in wild chorus like the *keeners* of an Irish funeral, and would not be soothed or comforted. The fool! He had brought a letter from his physician, warning me not to give an opinion to the patient himself, but to write it to him, the medical adviser, and this letter *the patient had kept back*, determined to have my opinion from my own lips, not doubting that it would be favorable. In six weeks he was dead, and I never questioned that his own folly and my telling him the naked truth killed him before his time.

If the physician, then, is ever authorized to tamper with truth, for the good of those whose lives are entrusted to him, you see how his moral sense may become endangered. Plain speaking, with plenty of discreet silence, is the rule; but read the story of the wife of Cæcinnæ, Prætor, with her sick husband and dead child, in the letters of Pliny the Younger (Lib. III. XVI.), and that of good King David's faithful wife Michal, how she cheated Saul's cut-throats (1 Samuel, XIX. 13), before you proclaim that homicide is always better than *vericide*.

If you can avoid this most easily besetting sin of falsehood, to which your profession offers such peculiar temptations, and for which it affords such facilities, I can hardly fear that the closely related virtues which cling to truth, honesty and fidelity to those who trust you, will be wanting to your character.

That you must be temperate, so that you can be masters of your faculties at all times; that you must be pure, so that you shall pass the sacred barriers of the family circle, open to you as to none

other of all the outside world, without polluting its sanctuary by your presence, it is, I think, needless for me to urge.

Charity is the eminent virtue of the medical profession. Show me the garret or the cellar which its messengers do not penetrate; tell me of the pestilence which its heroes have not braved in their errands of mercy; name to me the young practitioner who is not ready to be the servant of servants in the cause of humanity, or the old one whose counsel is not ready for him in his perplexities, and I will expatiate upon the claims of a virtue which I am content to leave you to learn from those who have gone before you, and whose footprints you will find in the path to every haunt of stricken humanity.

But there are lesser virtues, with their corresponding failings, which will bear a few words of counsel.

First, then, of that honorable reserve with reference to the history of his patients, which should belong to every practitioner. No high-minded or even well-bred man can ever forget it; yet men who might be supposed both high-minded and well-bred have been known habitually to violate its sacred law. As a breach of trust, it demands the sternest sentence which can be pronounced on the offence of a faithless agent. As a mark of vanity and egotism, there is nothing more characteristic than to be always babbling about one's patients, and nothing brings a man an ampler return of contempt among his fellows. But as this kind of talk is often intended to prove a man's respectability by showing that he attends rich or great people, and as this implies that a medical man needs some contact of the kind to give him position, it breaks the next rule I shall give you, and must be stigmatized as *leze-majesty* toward the Divine Art of Healing.

This next rule I proclaim in no hesitating accents: *Respect your own profession!* If Sir Astley Cooper was ever called to let off the impure ichor from the bloated limbs of George the Fourth, it was the King that was honored by the visit, and not the Surgeon. If you do not feel as you cross the millionaire's threshold that your Art is nobler than his palace, the footman that lets you in is your fitting companion, and not his master. Respect your profession, and you will not chatter about your "patrons," thinking to gild yourselves by rubbing against wealth and splendor. Be a little proud—it will not hurt you; and remember that it depends on how the profession bears itself whether its members are the peers of the highest, or the barely tolerated operatives of society, like those Egyptian dissectors, hired to use their ignoble implements, and then chased from the house where they had exercised their craft, followed by curses and volleys of stones. The Father of your Art treated with a Monarch as his equal. But the Barber-Surgeon's Hall is still standing in London. You may hold yourselves fit for the palaces of princes, or you may creep back to the

Hall of the Barber-Surgeons, just as you like. Richard Wiseman, who believed that a rotten old king, with the *corona Veneris* encircling his forehead with its copper diadem, could cure scrofula by laying his finger on its subject,—Richard Wiseman, one of the lights of the profession in his time, spoke about giving his patients over to his "servants" to be dressed after an operation. We do not count the young physician or the medical student as of menial condition, though in the noble humility of science to which all things are clean, or of that "entire affection" which, as Spenser tells us, "hateth nicer hands," they stoop to offices which the white-gloved waiter would shrink from performing. It is not here, certainly, where John Brooks—not without urgent solicitation from lips which still retain their impassioned energy—was taken from his quiet country rides, to hold the helm of our Imperial State; not here, where Joseph Warren left the bedside of his patients to fall on the smoking breastwork of yonder summit, dragging with him, as he fell, the curtain that hung before the grandest drama ever acted on the stage of time—not *here* that the Healer of men is to be looked down upon from any pedestal of power or opulence!

If you respect your profession as you ought, you will respect all honorable practitioners in this honored calling. And respecting them and yourselves, you will beware of all degrading jealousies and despise every unfair art which may promise to raise you at the expense of a rival. How hard it is not to undervalue those who are hotly competing with us for the prizes of life! In every great crisis our instincts are apt suddenly to rise upon us, and in these exciting struggles we are liable to be seized by that passion which led the fiery race-horse, in the height of a desperate contest, to catch his rival with his teeth as he passed, and hold him back from the goal by which a few strides would have borne him. But for the condemnation of this sin I must turn you over to the tenth commandment, which, in its last general clause, unquestionably contains this special rule for physicians—*Thou shalt not covet thy neighbor's patients.*

You can hardly cultivate any sturdy root of virtue but it will bear the leaves and flowers of some natural grace or other. If you are always fair to your professional brethren, you will almost of necessity encourage those habits of courtesy in your intercourse with them which are the breathing organs and the blossoms of the virtue from which they spring.

And now let me add various suggestions relating to matters of conduct which I cannot but think may influence your course, and contribute to your success and happiness. I will state them more or less concisely as they seem to require, but I shall utter them magisterially, for the place in which I stand allows me to speak with a certain authority.

Avoid all *habits* that tend to make you unwilling to go whenever you are wanted at any time. No over-feeding or drinking or nar-

cotic must fasten a ball and chain to your ankle. *Semper paratus* is the only motto for a physician!

The necessity of *punctuality* is generally well understood by the profession in cities. In the country it is not unusual to observe a kind of testudinous torpor of motion, common to both man and beast, and which can hardly fail to reach the medical practitioner. Punctuality is so important, in consultations especially, to the patient as well as the practitioner, that nothing can excuse the want of it—not even having nothing to do—for the busiest people, as everybody knows, are the most punctual. There is another precept which I borrow from my wise friend and venerated instructor, the Emeritus Professor of Theory and Practice; and you may be very sure that he never laid down a rule he did not keep himself. Endeavor always to make your visit to a patient at the same regular time, when he expects you. You will save him a great deal of fretting, and occasionally prevent his sending for your rival when he has got tired of waiting for you.

Your conduct in the sick room, in conversation with the patient or his friends, is a matter of very great importance to their welfare and to your own reputation. You remember the ancient surgical precept—*Tuto, cito, jucunde*. I will venture to write a parallel precept under it, for the manner in which a medical practitioner shall operate with his tongue; a much more dangerous instrument than the scalpel or the bistoury. *Breviter, suaviter, caute*. Say not too much, speak it gently, and guard it cautiously. Always remember that words used before patients or their friends are like coppers given to children; you think little of them, but the children count them over and over, make all conceivable imaginary uses of them, and very likely change them into something or other which makes them sick, and causes you to be sent for to clean out the stomach you have so unwittingly filled with trash; a task not so easy as it was to give them the means of filling it.

The forming of a diagnosis, the utterance of a prognosis, and the laying down of a plan of treatment, all demand certain particular cautions. You must learn them by your mistakes, it may be feared, but there are a few hints which you may not be the worse for hearing.

Sooner or later, every body is tripped up in forming a diagnosis. I saw Velpeau tie one of the carotid arteries for a supposed aneurism, which was only a little harmless tumor, and kill his patient. Mr. Dease, of Dublin, was more fortunate in a case which he boldly declared an abscess, while others thought it an aneurism. He thrust a lancet into it and proved himself in the right. Soon after, he made a similar diagnosis. He thrust in his lancet as before, and out gushed the patient's blood and his life with it. The next morning Mr. Dease was found dead and floating in his own blood. He had divided the femoral artery. The same caution that the surgeon must exercise in his examination of external diseases, the physician

must carry into all his physical explorations. If the one can be cheated by an external swelling, the other may be deceived by an internal disease. Be very careful; be very slow; be very modest in the presence of Nature. One special caution let me add. If you are ever so accurate in your physical explorations, do not rely too much upon your results. Given fifty men with a certain fixed amount of organic disease, twenty may die, twenty may linger indefinitely, and ten may never know they have anything the matter with them. I think you will pardon my saying that I have known something of the arts of direct exploration, though I wrote a youthful Essay on them, which, of course, is liable to be considered a presumption to the contrary. I would not, therefore, undervalue them, but I will say that a diagnosis which maps out the physical condition ever so accurately, is, in a large proportion of cases, of less consequence than the opinion of a sensible man of experience, founded on the history of the disease, though he has never seen the patient.

And this leads me to speak of prognosis and its fallacies. I have doomed people, and seen others doom them, over and over again, on the strength of physical signs, and they have lived in the most contumacious and scientifically unjustifiable manner as long as they liked, and some of them are living still. I see two men in the street, very often, who were both as good as dead in the opinion of all who saw them in their extremity. People will insist on living, sometimes, though manifestly *moribund*. In Dr. Elder's life of Kane you will find a case of this sort, told by Dr. Kane himself. The captain of a ship was dying of scurvy, but the crew mutinied, and he gave up dying for the present to take care of them. An old lady in this city, *near her end*, got a little vexed about a proposed change in her will; made up her mind not to die just then; ordered a coach; was driven twenty miles to the house of a relative, and lived four years longer. Cotton Mather tells some good stories which he picked up in his experience, or out of his books, showing the *unstable equilibrium* of prognosis. Simon Stone was shot in nine places, and as he lay for dead the Indians made two hacks with a hatchet to cut his head off. He got well, however, and was a lusty fellow in Cotton Mather's time. Jabez Musgrove was shot with a bullet that went in at his ear and came out at his eye on the other side. A couple of bullets went through his body also. Jabez got well, however, and lived many years. *Per contra*, Colonel Rossiter, cracking a plum-stone with his teeth, broke a tooth and lost his life. We have seen physicians dying, like Spigelius, from a scratch; and a man who had had a crowbar shot through his head alive and well. These extreme cases are warnings. But you can never be too cautious in your prognosis, in the view of the great uncertainty of the course of any disease not long watched, and the many unexpected turns it may take.

I think I am not the first to utter the following caution:—

Beware how you take away *hope* from any human being. Nothing is clearer than that the merciful Creator intends to blind most people as they pass down into the dark valley. Without very good reasons, temporal or spiritual, we should not interfere with his kind arrangements. It is the height of cruelty and the extreme of impertinence to tell your patient he must die, except you are sure that he wishes to know it, or that there is some particular cause for his knowing it. I should be especially unwilling to tell a child that it could not recover; if the theologians think it necessary, let them take the responsibility. God leads it by the hand to the edge of the precipice in happy unconsciousness, and I would not open its eyes to what he wisely conceals.

Having settled the cautious course to be pursued in deciding what a disease is, and what its course is to be; having considered how much of your knowledge or belief is to be told, and to whom it is to be imparted, the whole question of treatment remains to be reduced to system.

It is not a pleasant thing to find that one has killed a patient by a slip of the pen. I am afraid our barbarous method of writing prescriptions in what is sometimes fancifully called Latin, and with the old astrological sign of Jupiter at the head of them to bring good luck, may have helped to swell the list of casualties. We understand why plants and minerals should have technical names, but I am much disposed to think that good plain English, written out at full length, is good enough for anybody's use. Why should I employ the language of Celsus? He commonly used none but his own. However, if we must use a dead language, and symbols that are not only dead, but damned, by all sound theology, let us be very careful in forming those medical quavers and semiquavers that stand for ounces and drachms, and all our other enlightened hieroglyphics. One other rule I may venture to give, forced upon me by my own experience. After writing a recipe, make it an invariable rule to read it over, not mechanically, but with all your faculties wide awake. One sometimes *writes* a prescription as if his hand were guided by a medium—automatically, as the hind legs of a water-beetle strike out in the water after they are separated from the rest of him. If all of you will follow the rule I have given, sooner or later some one among you will very probably find himself the author of a homicidal document, which but for this precaution might have carried out its intentions.

With regard to the exhibition of drugs as a part of your medical treatment, the golden rule is, *be sparing*. Many remedies you give would make a well person so ill that he would send for you at once if he had taken one of your doses accidentally. It is not quite fair to give such things to a sick man, unless it is clear that they will do more good than the very considerable harm you know they will cause. Be very gracious with children especially. I have seen old men shiver at the recollection of the rhubarb and

jalap of infancy. You may depend upon it that half the success of Homœopathy is due to the sweet peace it has brought into the nursery. Between the gurgling down of loathsome mixtures and the saccharine deliquescence of a minute globule, what tender mother could for a moment hesitate?

Let me add one other hint which I believe will approve itself on trial. After proper experience of the most approved forms of remedies, or of such as you shall yourselves select and combine, make out your own brief list of real every-day prescriptions, and do not fall into the habit of those extemporaneous, fancy-combinations, which amuse the physician more than they profit the patient. Once more: if you must give a medicine, do it in a manly way, and not in half doses, hacking but not chopping at the stem of the deadly fruited tree you would bring down. Remember this, too; that although remedies may often be combined advantageously, the difficulty of estimating the effects of a prescription is as the square of the number of its ingredients. The deeper you wade in polypharmacy, the less you see of the ground on which you stand.

It is time to bring these hurried and crowded remarks to a close. Reject what in them is false, examine what is doubtful, remember what is true; and so, God bless you, Gentlemen, and Farewell!

AN IMPERFECT HEAD UPON THE TOP OF THE HEAD OF A  
CHILD OTHERWISE WELL FORMED.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Some of your readers may remember your allusion to this remarkable case in a late number of the JOURNAL (Dec. 24th, 1857), and the statement that according to Geoffroy St. Hilaire, only two cases of this form of monstrosity were as yet known. A few days ago I received a letter from Dr. Gustavus L. Simmons, of Sacramento City, California, who received his Degree two years ago, at the Medical School in this city. He had seen your article, with your request that any one who might be acquainted with the facts should forward them for publication; and he is certainly entitled to the thanks of the profession for the trouble that he has taken in the case.

Dr. S. says, Feb. 19th, 1858—"As 'Alder Creek' is in Sacramento County, about twenty-two miles from this city, I made it my business a few days ago (in connection with a country visit) to call on the attending physician, Dr. Rutherford, who received his medical education at Edinburgh, and is a gentleman of enlarged experience."

The following history of the case was given by Dr. R. and drawn up by Dr. S.

"The parents of the child, which was a female, are healthy Ame-



ricans, and about 30 years of age. No unusual symptoms attended pregnancy, and the fœtus was delivered after an easy and natural labor. The mother, however, was of the opinion that she had gone a month beyond full term. Weight about seven pounds. The limbs and trunk were perfectly formed, but an appearance of a large protuberance on the top of a well-formed head immediately attracted the notice of the attendant, and reminded him of a grenadier's cap. On closer inspection, it was found that the child had apparently two heads—one directly on the top of the other—the lower half of the upper head being merged into the superior portion of a lower or perfect head, and between them a perceptible sulcus. The extra head was some five inches in height, with the longitudinal suture more widely separated than usual, and the space filled by a small fluctuating tumor. No features could be defined. The lower head was perfect, with well-formed and small features. The eyes were straight, and at no time was squinting perceptible. Bowels torpid, and required the use of laxatives. Urine natural. From birth the child refused to take the nipple. When about a fortnight old, slight convulsions began to make their appearance, which subsided in a few days. These tremors were not confined to any particular part of the body. Death took place about ten days after the convulsions ceased. The child seemed to gradually fall away, from birth, and died of 'marasmus.'

"*Autopsy.*—Dr. R. made a hasty *post mortem* a few hours after death; but owing to attending circumstances, he was unable to extend the examination, and consequently his report is necessarily deficient in detail. On making an incision into that part of the scalp which covered the tumor, in the longitudinal suture, about three fourths of an ounce of clear watery fluid escaped. The scalp was quite firm, and on turning it aside, a semi-solid mass appeared, having on its surface deep convolutions, and covered by the usual membranes of a brain. This substance was clear and gelatinous, with no appearance of vessels, and in density resembling the vitreous humor of the eye. It seemed to extend down into the great longitudinal fissure, which separated the hemispheres of the brain of the lower head, and filled up the space formed by the bones of the extra or upper head. There were three distinct bones in the upper head—two side (or parietal), and one posteriorly, or in place of the occiput. The parietal bones seemed to extend anteriorly, and form a frontal covering for the mass beneath. The sagittal suture of the lower head extended through the bony covering thus formed. Time did not allow of an examination for the lateral sutures, but a prominent ossific deposit was noticed on the parietal bones, which, in the opinion of Dr. R., constituted an effort of nature to form a meatus auditorius. On removing the contents of the upper skull, the membranes of the lower brain were observed to be very delicate, but the cerebral substance was healthy and of the usual size.

"The bones of the lower cranium were in all respects complete and perfect.

"The above constitutes all the information I could procure from the attending physician, and I can only add my regrets to his, that circumstances prevented a fuller statement."

In the above description of the upper head there are a few points that might be more insisted upon. As I understand it, Dr. R. made his incision through the scalp, and through the longitudinal suture between the parietal bones; and it was from within these last that the fluid escaped. The bones were lined by dura mater; and there was an arachnoid cavity, which probably contained the fluid. There was no brain. In regard to the "semi-solid mass," I think it must have been the pia mater infiltrated with serum. In the "acephalous fœtus" this tissue is generally much developed, and sometimes so greatly as to form large lobular masses, and to have been described as tumors upon the base of the cranium; and the "gelatinous" appearance suggests the idea of the infiltrated sub-arachnoid or any other cellular tissue. The lower cranial bones, Dr. S. says, were "complete;" there must, however, have been a deficiency within the line of union with the upper cranium, probably an absence of the dura mater to the same extent, and then the "semi-solid mass" might very well have forced itself down "into the great longitudinal fissure," as the point or rather the line of least resistance.

Yours respectfully,

J. B. S. JACKSON.

Thursday, March 18th, 1858.

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### Reports of Medical Societies.

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EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JAN. 25th.—*Inoculation of Secondary Syphilis*.—Case reported by Dr. W. E. TOWNSEND.

Mrs. W., a respectable woman, of fair complexion, always enjoying good health, whose family Dr. T. had attended for several years, took, Jan. 10th, 1856, a child five days old to nurse: observing that it had an eruption on its skin, she confined it to one breast, reserving the other for her own infant. This eruption, she said, resembled the chicken pox; there was no soreness or discharge from the mouth or nose; the child nursed well and thrived till about the last of March, when the eruption, which had gradually grown more livid and distinct, formed scabs, and these shortly falling off, left ulcers in their place. Three weeks before its death a sore appeared in the nose, and a discharge ran from its interior; still there was no difficulty in the mouth, which was several times examined by the nurse in search of swollen gums, neither was her nipple at any time inflamed. The child growing worse and more uneasy, she permitted it to lie all night at the breast. After ten days, feeling much irritation there, she frequently

rubbed her breast above the nipple, and, finally accidentally scratched it about an inch above that point. This scratch continued to be exposed to the secretions from the nose, and on the 18th of May, just before the child died, she noticed a pimple, with a hard scab on it, at that spot. This being painful, was poulticed; when the scab dropped off it left a sore, which increased till it became a circular ulcer an inch in diameter, with everted edges, presenting the appearance of ordinary syphilis, so that two medical friends of experience who saw it, at different times, without knowing its history, said "that is a venereal sore in a curious place." Under constitutional treatment this healed in three weeks, and was followed in three more by a copper-colored eruption and sore throat, which last continued about a month, and finally yielded after the continued use of bichloride of mercury. The mother of the child, fearing that it would be returned to her, denied that she had ever had any syphilitic disease; but her character was bad, and the woman with whom she boarded, said, that when she was about three months pregnant, she was confined to her bed for seven weeks with syphilis.

Is there any evidence in this case that the child had a primary chancre in its mouth or nose? If it had, there was no sign or suspicion of it for three months, during all of which time it nursed without trouble and thrived well, the nurse not having, all that time, any soreness of her breast or nipple.

What was the character of the sore with which she was at last inoculated? It looked, to the eyes of three medical men accustomed to the disease, like a venereal ulcer, and was followed, after it healed up, by well-marked constitutional symptoms.

With regard to this case, Dr. H. J. BIGELOW expressed a doubt as to the character of the ulcer upon the breast, stating that the probabilities were, in his opinion, against its being of a syphilitic nature.

Dr. CABOT mentioned a case in which a child inoculated the nurse, who afterward had secondary symptoms. He supposed the child to have had a chancre, although he did not verify his opinion by an examination. The child afterward died. He had seen a child with a true chancre in the mouth, and thought its existence in this part easily explained.

Dr. BETHUNE thought that a secondary ulcer may take on the appearance and character of chancre.

Dr. Bigelow replied that a secondary ulcer may, in some instances, take a retrograde course and put on the appearance of chancre, but he thought this due to collateral circumstances.

Dr. Bethune alluded to the case of a gentleman whom he met in Europe, who had a scar upon the forehead, of the size of a fourpence, and depressed—caused, as he stated, by a chancre.

Dr. Bigelow supposed this to be a tertiary ulcer, affecting the cellular tissue.

Dr. GAY mentioned a case that occurred at the Hospital, which he thought somewhat resembled that reported by Dr. Townsend.

The patient, aged 14, entered the Hospital, October 6, 1857. The history of the case, as given by the mother, was as follows:—

Nine years ago, she (the mother) nursed a woman who had sore nipples, and who afterward proved to be laboring under syphilis. She and her little daughter drew the milk. A week after, they both had sore mouths, and in a short time the throat of the mother became so

much affected that she was able to swallow only liquids. She got well under the use of mercury, but had several relapses, and in seventeen months entered the Hospital with sore mouth, raised tender spots on scalp, and a node on each tibia. She was treated with iodide of potash, and in a month discharged, much relieved.

From the time of nursing this woman, the child was always liable to ulcerated sore throat. She always had, she said, "sore mouth" whenever she took cold. Nine months ago, after a severe attack of this trouble, the soft palate became affected, and at the present time the ulceration had so progressed as to have destroyed the uvula and a portion of the velum on either side, leaving a triangular opening, with ragged edges. The anterior pillars were also destroyed. The whole of the soft palate and back of the throat were much inflamed, and on the latter there were whitish patches of ulceration. The nose, especially at its upper part, was much depressed. The cartilage of the septum was perforated, the opening being about the size of a small pea. She spoke as though she had a fissure of the soft palate, and was unable to swallow solid food.

This patient recovered in six or seven weeks, under the use of the hydriodate of potash, tonics, &c. While at the Hospital, a long thin piece of bone, apparently the vomer, came away from the nose.

Dr. Bigelow remarked that this was one of those cases which are necessarily involved in much obscurity. He had this patient at the Hospital, but did not believe her statement, thinking it far more probable, admitting the disease in this case to be of a syphilitic nature, that she inherited this constitutional tendency from her parents, than that she took the disease in the way suggested. He however did not regard the case as of this nature, but as one of scrofulous lupus.

To illustrate the difficulty of sometimes recognising a chancre, Dr. Gay alluded to the case of a gentleman who had an ulcer upon the end of one of his fingers, and who consulted several surgeons of Boston with regard to it, no two of whom were agreed as to its true character. Dr. Gay told him that it looked like a chancre. Six weeks afterward he went to New York, and while there consulted an eminent practitioner. About this time he had an eruption upon the body which determined the surgeon to regard the case as syphilitic, and he treated it accordingly, giving the bichloride of mercury, and the patient returned home well.

Dr. BIGELOW said that he had this patient under treatment for some weeks, and regarded the case as one of scrofulous tubercle; recommending active exercise and travel. He went to New York by his advice, and he believed it quite probable that the change of air and life alone had produced the good effect alluded to.

[With regard to the transmissibility of secondary syphilis, while Ricord and his school maintain that this form of the disease must necessarily be preceded by a primary sore, and is never itself communicable, there is a great and increasing weight of authority, both in this country and in Europe, in support of the theory that secondary syphilis may be, and often is, directly communicated, case after case having been reported which it would seem impossible to explain on any other supposition.

Velpeau, Mr. Porter of Dublin, Dr. Bennett of Edinburgh, Mr. Whitehead and Wilson, Mr. Waller of Prague, Sigmund and Hebra of Vienna, Dr. Buckley of New York, and others, speak unhesitatingly

in favor of the latter hypothesis. It will be sufficient to cite the opinions of two eminent clinical professors on this point. Dr. Bennett, in one of his clinical lectures, says of the secondary forms of syphilis, that they are always the result of inoculation; but that they may arise not only from the poison being absorbed directly from a primary sore, but may be communicated by the mother to the fœtus in utero, by the infant to the nurse, and again by the nurse to the infant. (See *London and Edinburgh Journal of Medical Science*, 1852, p. 570.)

Velpeau, at a recent meeting of the French Academy of Medicine (see *New York Medical Times*, February, 1856), stated that he did not hesitate to maintain that all or nearly all the manifestations of secondary syphilis are contagious. He bases his opinion on the general consent of physicians to its truth, and the daily experience of the profession, as well as upon clinical observations, the fact of hereditary transmissibility and the results of inoculation itself.—Sec'y.]

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 25, 1858.

### THE STATUS OF THE PROFESSION.

A SERIES of editorial articles under the above head has appeared in three late numbers of the *Medical and Surgical Reporter*, the last of which suggests a plan for raising and maintaining the standard of medical acquirements. This plan was adopted by the Medical Society of New Jersey for recommendation to the American Medical Association, at the next annual meeting at Washington, in May next. Its chief features are the following: the Association shall appoint a Board of Censors for each circuit of the United States Supreme Court, who shall meet at stated times during each year, in different sections of their respective districts, for the purpose of examining candidates for membership of the Association, and their certificate shall entitle the holder to such membership. The Army and Navy Examining Boards may also issue certificates entitling candidates to membership, and members may also be received, within certain specified limits, on certificate from foreign medical societies or examining boards, and the Association may confer honorary membership at any regular meeting, by a two-thirds vote. The plan also proposes that the State Societies should resolve themselves into auxiliaries to the National Association, the district, county and other societies being auxiliary to the state societies, and all controlled by the regulations of the National Association.

The above plan is embraced in a series of resolutions, which the delegates of the New Jersey Society are instructed to present at the meeting of the Association. We understand they are intended as suggestions only, in order to bring the subject to the notice of the Association, and lead to the adoption of some plan for establishing a standard for membership which may secure the election of such men only as shall be worthy of composing the highest medical body in our country. There is no question as to the importance of doing something to raise the standard of candidates for membership. At

present, the Association contains a large number of members who are unworthy of the privilege they enjoy, and who impair its dignity and prestige; but we anticipate that it will be exceedingly difficult to apply any rigid test of fitness for membership to a society of such unwieldy dimensions, whose officers and active members undergo such constant changes, and whose meetings are held at such distant intervals.

The remedy for the evil must be partly sought for in the happy influence which the Association itself is exercising upon the profession, especially in promulgating its Code of Ethics, and in raising the standard of medical education. We believe that already a great advance has been made in the character of the profession in our country, and its future progress must be still more rapid. The better educated our physicians are, the more will they elevate the medical profession, and secure it from the inroads of empiricism. We imagine that here lies the main difficulty. A large number of our practitioners are deficient in the elements of a common education. As a class we know that they are intelligent and sagacious, and practically acquainted with the *art* of medicine; but their resources do not enable them to study it as a *science*, nor to contribute to its progress. We are describing a state of things which is now passing away. Already our schools have assumed a high position, and are sending forth legions of well-instructed physicians, who will elevate medical science to its proper rank among us.

We commend the Resolutions of the New Jersey Society to the careful consideration of all who are interested in medical advancement, and we hope they will be fully discussed at the approaching meeting of the Association.

#### INDISCRIMINATE SALE OF POISONS.

In a late number we alluded to the very dangerous custom of selling active poisons to irresponsible parties, without a prescription from a physician, or some other guarantee that no criminal use would be made of the article purchased. We desired to call attention to the importance of a legal enactment which should place some restraint upon this practice, and related the case of a young girl who obtained, without the slightest difficulty, of an apothecary, half an ounce of laudanum, which she swallowed with the intention to commit suicide. The medicine was delivered to her in a *teacup*, which she brought for the purpose. Quite recently a similar case of culpable carelessness on the part of an apothecary has occurred in this city, which resulted in a more disastrous manner. A few days ago, a young woman, who had been partially insane for two months past, purchased at a drug store six cents' worth of arsenic, which she mixed in a glass of lemonade, and swallowed. An emetic was immediately given, which caused free vomiting, and it was supposed she was out of danger. She died, however, the next day. It was supposed, from her confessions, that she had taken other poisons. The coroner's jury in their verdict caution apothecaries against this practice, which they consider to be highly reprehensible, and which ought to be severely punished.

#### PROFESSIONAL INTEGRITY.

MESSRS. EDITORS,—In 1835 I became a licentiate of the Massachusetts Medical Society, by paying two dollars, as I was a graduate of

the Mass. Medical School. Being located in Truro, 100 miles from Boston, I did not enter into full membership. Of late years, as irregular consultations and homœopathists have been encouraged by the Mass. Med. Society, I have had little desire to be enrolled among its members. Many are of my mind, and others whose names are on the catalogue are only nominal members at present, hoping the time is not far distant when the true common sense of our profession will rise in its might, and purge us from dead works to the service of truth and science.

Your editorial of March 11th, 1858, accords with my views, precisely, and I am happy to affirm that your JOURNAL has always been consistent and conservative; and I feel confident that ultimately truth must *everywhere* prevail. He only is worthy the name of physician who would not rather beg, than seek to gain the public favor by dishonorable means, and thus attempt to sacrifice our noble profession to ignorance and prejudice. If we expect to prosper by being united with duplicity and avaricious cunning, we shall justly be disappointed, and the regular practice be saved, yet as by fire.

How much it is to be regretted that our ancient and justly-renowned profession has not always found in the hearts of her followers the same attachment and devotion that was manifested by the heroic Kosuth, when he asked protection of the Sultan of Turkey. The latter intimated to him that if he would abandon his religion he would be safe; to which the illustrious patriot and philanthropist replied (though he knew not but his answer would consign him to Russian vengeance), "welcome, if need be, the axe or the gibbet, but curses on the tongue that dare make to me so infamous a proposal."

Every Doctor in Medicine who has not integrity and courage enough to adhere to the regular fraternity, and scorn to consult with or countenance quackery, should commit his diploma to the flames, scatter its ashes to the winds, and declare there is no value in recorded observation and experience, nor advantage to be derived from the cultivation of the mind and heart. N. J. KNIGHT, M.D.

Somerville, March 19th, 1858.

#### LECTURES ON MENTAL HYGIENE.

THE fourth, and last, of a series of lectures before the Lowell Institute, by Dr. ISAAC RAY, was delivered a few evenings since. We were unfortunately prevented from attending the course, but we gladly availed ourselves of an abstract, printed in the *Courier*, which conveys an idea of its exceeding value. At a time when the reasoning faculties of the community appear to be almost distracted, the wise counsels of so eminent an authority in mental disease as Dr. Ray ought to be heeded by every one. We hope the author will be induced to publish his lectures, in order that their favorable influence may be as widely spread as possible.

*Dr. Wood's Treatment of Spinal Curvatures.*—We had no intention of doing injustice to Dr. Wood in our notice of his reported cases of Pott's disease, in the last number of the JOURNAL, by suggesting that his principle of treatment was a secret one. We are happy to state that a full explanation of the principle and apparatus, illustrated with engravings, was published by him in the last number of the *New York*



*Journal of Medicine*, to which we refer those interested in the treatment of this class of diseases.

*Medical and Surgical Reporter.*—We are informed that the publication of the *Reporter* is about to be removed from Burlington, N. J., to Philadelphia, and that Dr. Wm. B. Atkinson, of the latter city, who has for some time past been a regular contributor to its pages, will be associated with Dr. Butler in its editorial management. We think there is a good opening for a monthly journal in Philadelphia, and have no doubt the *Reporter* will be well received, and be found still more worthy of the favor of its numerous supporters.

*The Medical Department of the University of Maryland* has undergone some changes. Professor Thomas resigns the chair of Obstetrics, which he held for ten years. To the vacancy, Professor G. W. Miltenberger, who before occupied the chair of *Materia Medica* and Therapeutics, has been appointed. Charles Frick, M.D., of Baltimore, is elected Professor of *Materia Medica* and Therapeutics, in place of Professor Miltenberger.

*Prof. Holmes's Valedictory Address.*—We are happy to be able to lay before our readers Dr. HOLMES's excellent address to the graduates of the medical class, which he has kindly furnished for publication at our request. We shall take an opportunity of noticing the address in detail hereafter. Copies, in pamphlet form, may be obtained at this office.

*Mortality of Charleston, S. C.*—From the Annual Report of the City Registrar of Charleston, we learn that the total number of deaths during 1857 was 1,237, of which 496 were those of whites and 741 those of blacks. The proportion of deaths to the population was 1 in 42.37. The most fatal diseases were consumption (141), trismus nascentium (57), dropsy (57), convulsions (58). There were 84 deaths from "old age," of which 60 were those of blacks.

*Health of the City.*—The mortality for the past week was very large, no less than 90 deaths having been reported. Of these, 23 were from consumption, 8 from pneumonia, 3 from congestion of the lungs, and 4 from scarlatina. There were four deaths from "old age." One female of 29 years died of whooping cough. The number of deaths for the corresponding week of 1857 was 70, of which 14 were from consumption, 3 from pneumonia, and 11 from scarlatina.

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MAKED, —In this city, 17th inst., Dr. J. C. Sharp to Miss Helen Sayles, both of Boston.

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DIED, —In Georgia, Vt., March 15th, Nathan Deane, M.D., 43.

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*Books and Pamphlets Received.*—Paine's Institutes of Medicine.—A Report on the Diseases of the Cervix Uteri. By Joseph A. Eve, M.D.—Report of the City Registrar of Boston, of the Births, Marriages and Deaths for 1857.

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*Deaths in Boston* for the week ending Saturday noon, March 20th, 90. Males, 50—Females, 40.—Accident, 1—Inflammation of the bowels, 1—congestion of the bowels, 1—Inflammation of the brain, 1—congestion of the brain, 1—barra, 1—consumption, 23—convulsions, 4—croup, 1—dysentery, 1—diarrhoea, 3—dropsy in the head, 2—infantile diseases, 5—purpura, 1—epilepsy, 2—erysipelas, 2—typhoid fever, 1—scarlet fever, 4—disease of the heart, 2—hemorrhage of the lungs, 1—intemperance, 1—Inflammation of the lungs, 8—congestion of the lungs, 3—disease of the liver, 1—marasmus, 1—menstrua, 3—old age, 5—palsy, 1—purpura, 1—pleurisy, 2—premature birth, 1—suicide, 1—teething, 2—ulcers on hip, 1—unknown, 1—whooping cough, 1.

Under 5 years, 34—between 5 and 20 years, 5—between 20 and 40 years, 22—between 40 and 60 years, 15—above 60 years, 14. Born in the United States, 62—Ireland, 23—other places, 5.

*Massachusetts General Hospital.*—The annual report of this Hospital, just published, shows that 920 patients have been admitted during the past year. Of these, 280 paid their board, 91 paid it part of the time, and 549 were entirely free. Of the whole number, 510 were discharged well, and 130 died. Proportion of deaths to the whole number of results, 1 in 7 1-3. Number of accidents during the year, 163. Average number of patients, 128; males, 66—females, 62. Whole amount of board charged to all the patients for the year, \$29,800 23. Of this, there was received from paying patients, \$7,336 83; and the remainder, \$22,463 40 was charged to the Trustees, for free patients. Deducting the repairs of the Hospital, the weekly expense of each patient was \$5 90.

In the McLean Asylum for the Insane, connected with the Hospital, 141 patients were admitted during the year, and 159 discharged. Total number under care, 337; average number, 191.

*Eastern Lunatic Asylum of Kentucky.*—The thirty-third and thirty-fourth Annual Reports of this institution have just been published together, bringing the statement of its condition up to Oct. 1, 1857. During the year ending at that time, there had been under treatment in the institution, 298 patients—viz., 198 remaining at the beginning of the year, and 100 admitted in the course of it. Of these, 37 had been discharged, recovered; 20 had died; 12 removed; 1 eloped; and 228 remained. The buildings are intended for the accommodation of only 225 inmates. The Western Asylum, in the same State, it appears, has accommodations for 350, and has within it, on account of an unequal division of the State, only about 100. Complaint of this is made in the Report, and also of the neglect of the Legislature to furnish the Eastern institution with a smoke-house, garden-house and work-shops, as well as a farm—the lands now used being only leased for the Asylum. During the early part of 1856, diarrhœa, which had been the prevailing malady among the inmates for many years, became suddenly more prevalent, and assumed the form of an epidemic. Surmising that this was caused by a leakage in the main sewer of the establishment, which was of rough stone, uncemented, and passed near the spring furnishing the house with water, an examination was made, and it was found that soap-suds emptied at the wash-house, would, in twenty minutes, issue at the spring. All communication with the spring was immediately cut off, and water a mile distant, obtained, until an artesian well was completed. Within one week, not a case of diarrhœa remained in the house, and a full year afterward, the superintendent states that diarrhœa, once the perpetual scourge of the institution, had disappeared, and other affections had become more manageable. It is proper to state, that the sewer leading from one of the water-closets was found obstructed, and cleared out during the same season. The artesian well spoken of is 106 feet deep, 89 feet through solid rock. The water, which rises 50 feet in the bore, is considered inexhaustible, and is represented as possessing wholesome medicinal properties, without affecting its general culinary usefulness. An analysis by Prof. Peter shows that it contains about two grains of common salt to the gallon, small portions of the carbonate of lime and magnesia, a trace of the carbonate of iron, with chloride of sodium, sulphate of lime and magnesia, and minute traces of bromine and iodine—its gases, sulphurated hydrogen and carbonic acid. Its flavor is pleasant, and all have become fond of it.—The attention of the legislature is called to the importance of providing accommodation for idiots in the State—some of whom are now sent to the lunatic asylums, and many others are scattered over the State and supported by the annual appropriation made for their relief. This appropriation, it seems, has gradually increased since 1843, when it was \$14,880 33—in 1856 it being \$21,095 01, in addition to the support of those in the asylums.—The estimated value of the products of the garden and farm, cultivated by the patients exclusively of the Eastern Asylum, during the last year, was \$2,644 30. A single half acre of land yielded 207 bushels of potatoes—"carefully measured by several gentlemen." This asylum is situated near Lexington, and the Medical Superintendent is Dr. W. S. Chipley, to whom we are indebted for a copy of the reports referred to.

A valuable mineralogical cabinet is to be sold in Nashville, Tenn., on the 15th of April next. It contains more than 1200 minerals, and belonged to the late Dr. Girard Troost.